

Fill in this information to identify your case:

Debtor 1	<u>Benjamin</u>	<u>Joe</u>	<u>Giron</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u>21-30070</u>		

☐ Check if this is an amended filing
**Official Form 104**

## For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are a individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1:** List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

<b>1</b>	Internal Revenue Service Creditor's Name  PO Box 7317 Number Street  Philadelphia, PA 19101 City State Zip Code  Contact  Contact phone	What is the nature of the claim? <u>None</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Priority <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): <u>\$116,546.12</u> Value of security: <u>-\$0.00</u> Unsecured Claim: <u>\$116,546.12</u>	<u>\$116,546.12</u>
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Debtor 1	<b>Benjamin</b>	<b>Joe</b>	<b>Giron</b>	Case number (if known) <u>21-30070</u>
	First Name	Middle Name	Last Name	

  

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">2</div> <p>Dr. Bernard Katz Creditor's Name</p> <p>6065 Hillcroft St. Ste 101 Number Street</p> <p>Houston, TX 77081 City State Zip Code</p> <p>Contact</p> <p>Contact phone</p>	<p><b>What is the nature of the claim?</b> <u>Rental arrearage</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property? Unsecured</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): _____</p> <p>Value of security: <u>-</u></p> <p>Unsecured Claim: _____</p>	<p><b>Unsecured claim</b></p> <p><b>\$16,500.00</b></p>
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<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">3</div> <p>GECU/Government Employees Credit Union Creditor's Name</p> <p>Attn: Bankruptcy</p> <p>Po Box 20998 Number Street</p> <p>El Paso, TX 79998-0998 City State Zip Code</p> <p>Contact</p> <p>Contact phone</p>	<p><b>What is the nature of the claim?</b> <u>Credit Card</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property? Unsecured</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): _____</p> <p>Value of security: <u>-</u></p> <p>Unsecured Claim: _____</p>	<p><b>\$10,434.98</b></p>
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<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">4</div> <p>VW Credit, Inc. Creditor's Name</p> <p>PO Box 3 Number Street</p> <p>Hillsboro, OR 97123 City State Zip Code</p> <p>Contact</p> <p>Contact phone</p>	<p><b>What is the nature of the claim?</b> <u>None</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property? Secured</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): <u>\$10,012.50</u></p> <p>Value of security: <u>-</u> <u>\$8,575.00</u></p> <p>Unsecured Claim: <u>\$1,437.50</u></p>	<p><b>\$1,437.50</b></p>
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Debtor 1 **Benjamin** **Joe** **Giron** Case number (if known) 21-30070  
 First Name Middle Name Last Name

	What is the nature of the claim?	Credit Card	Unsecured claim
<b>5</b>	American Express National Bank Creditor's Name Becket & Lee LP Po Box 3001 Number Street Malvern, PA 19355-0701 City State Zip Code Contact Contact phone	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: - Unsecured Claim:	\$5,672.46
<b>6</b>	Capital One (USA), N.A. Creditor's Name 4514 N Santa Fe Ave Number Street Oklahoma City, OK 73118 City State Zip Code Contact Contact phone	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: - Unsecured Claim:	\$5,058.97
<b>7</b>	TitleMax Creditor's Name 5690 Santa Teresita Dr. Ste 1A Number Street Santa Teresa, NM 88008 City State Zip Code Contact Contact phone	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Secured <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$5,047.00 Value of security: - \$989.00 Unsecured Claim: \$4,058.00	\$4,058.00

Debtor 1 **Benjamin** **Joe** **Giron** Case number (if known) 21-30070  
 First Name Middle Name Last Name

**Unsecured claim****8****What is the nature of the claim?** \_\_\_\_\_**\$4,663.00**

Synchrony Bank

Creditor's Name

Attn: Bankruptcy Dept

PO Box 965060

Number Street

Orlando, FL 32896

City State Zip Code

Contact

Contact phone

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**9****What is the nature of the claim?** \_\_\_\_\_ Credit Card**\$4,578.67**

Portfolio Recovery Associates, LLC

Creditor's Name

Po Box 12914

Number Street

Norfolk, VA 23541-0914

City State Zip Code

Contact

Contact phone

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**10****What is the nature of the claim?** \_\_\_\_\_ Credit Card**\$4,578.00**

Synchrony Bank

Creditor's Name

Attn: Bankruptcy Dept

PO Box 965060

Number Street

Orlando, FL 32896

City State Zip Code

Contact

Contact phone

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1 **Benjamin** **Joe** **Giron** Case number (if known) 21-30070  
 First Name Middle Name Last Name

**Unsecured claim****11**

What is the nature of the claim? \_\_\_\_\_

\$3,185.00

CBNA

Creditor's Name

Attn: Centralized Bankruptcy

Po Box 790034

Number Street

Saint Louis, MO 63179-0034

City State Zip Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply

Does the creditor have a lien on your property? Unsecured

☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**12**

What is the nature of the claim? \_\_\_\_\_ Credit Card

\$2,674.50

LVNV Funding, LLC

Creditor's Name

Po Box 10587

Number Street

Greenville, SC 29603-0587

City State Zip Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply

Does the creditor have a lien on your property? Unsecured

☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**13**

What is the nature of the claim? \_\_\_\_\_

\$2,635.00

Credit One Bank

Creditor's Name

PO Box 98872

Number Street

Las Vegas, NV 89193

City State Zip Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply

Does the creditor have a lien on your property? Unsecured

☒ No☐ Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1 **Benjamin** **Joe** **Giron** Case number (if known) 21-30070

First Name

Middle Name

Last Name

**Unsecured claim****What is the nature of the claim?** Credit Card **\$2,308.41****14**

Capital One (USA), N.A.

Creditor's Name

4514 N Santa Fe Ave

Number Street

Oklahoma City, OK 73118

City State Zip Code

Contact

Contact phone

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured):

Value of security: -

Unsecured Claim:

**15**

First National Bank/Legacy

Creditor's Name

Attn: Bankruptcy

PO Box 5097

Number Street

Sioux Falls, SD 57117-5097

City State Zip Code

Contact

Contact phone

**What is the nature of the claim?** **\$1,822.00****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured):

Value of security: -

Unsecured Claim:

**16**

CBUSASEARS

Creditor's Name

PO Box 6217

Number Street

Sioux Falls, SD 57117

City State Zip Code

Contact

Contact phone

**What is the nature of the claim?** **\$1,529.00****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply**Does the creditor have a lien on your property? Unsecured**☒ No☐ Yes.

Total claim (secured and unsecured):

Value of security: -

Unsecured Claim:

Debtor 1	Benjamin	Joe	Giron	Case number (if known) <u>21-30070</u>
	First Name	Middle Name	Last Name	

  

17	Regional Management Corporation	What is the nature of the claim? <u>Credit Card</u>	Unsecured claim \$1,390.52
	Creditor's Name		
	979 Batesville Road Ste B	As of the date you file, the claim is: Check all that apply.	
	Number      Street	<input type="checkbox"/> Contingent	
	Greer, SC 29651	<input type="checkbox"/> Unliquidated	
	City      State      Zip Code	<input type="checkbox"/> Disputed	
	Contact	<input checked="" type="checkbox"/> None of the above apply	
	Contact phone	Does the creditor have a lien on your property? Unsecured	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes.	
		Total claim (secured and unsecured):	
		Value of security: -	
		Unsecured Claim:	

  

18	Regional Financial	What is the nature of the claim? _____	\$1,340.00
	Creditor's Name		
	500 N Oregon	As of the date you file, the claim is: Check all that apply.	
	Number      Street	<input type="checkbox"/> Contingent	
	El Paso, TX 79901	<input type="checkbox"/> Unliquidated	
	City      State      Zip Code	<input type="checkbox"/> Disputed	
	Contact	<input checked="" type="checkbox"/> None of the above apply	
	Contact phone	Does the creditor have a lien on your property? Unsecured	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes.	
		Total claim (secured and unsecured):	
		Value of security: -	
		Unsecured Claim:	

  

19	Applied Bank	What is the nature of the claim? _____	\$1,265.00
	Creditor's Name		
	4700 Court	As of the date you file, the claim is: Check all that apply.	
	Number      Street	<input type="checkbox"/> Contingent	
	Boca Raton, FL 33431	<input type="checkbox"/> Unliquidated	
	City      State      Zip Code	<input type="checkbox"/> Disputed	
	Contact	<input checked="" type="checkbox"/> None of the above apply	
	Contact phone	Does the creditor have a lien on your property? Unsecured	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes.	
		Total claim (secured and unsecured):	
		Value of security: -	
		Unsecured Claim:	

## Part 2: Sign Below

Date \_\_\_\_\_  
MM/ DD/ YYYY